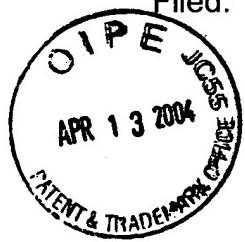


Application Serial No.: 09/748,706
Filed: December 22, 2000



PATENT

Attorney Docket No.: A-66828-5/RMS/DCF/NHT(469249-114)
EXPRESS MAIL: EV 298966966 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
CHEE, et al.
Serial No. 09/748,706
Filed: December 22, 2000
For: ***Decoding of Array Sensors with Microspheres***

Examiner: Forman, B.J.
Group Art Unit: 1634

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Sir:

This is in response to the Final Office Action mailed February 5, 2004. This response is timely filed on or before the deadline of May 5, 2004. Although Applicants do not believe any additional fees are required, the Commissioner is authorized to charge any fees which may be required, including extension fees or any other relief that may be required, or credit any overpayment to Deposit Account No. 50-2319 (Our Order No. A-66828-5/RMS/DCF [469249-114]).

Serial No.: 09/748,706
Filed: December 22, 2000

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks begin on page 8 of this paper.



04-15-04

IN 1634
APR 13 2004
PATENT 1634Attorney Docket No.: A-66828-5/RMS/DCF/NHT (469249-114)
Express Mail No. EV 298966966 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Examiner: FORMAN, B. J.

CHEE et al.

Group Art Unit: 1634

Serial No.: 09/748,706

Filing Date: December 22, 2000

For: DECODING OF ARRAY SENSORS
WITH MICROSPHERES

Mail Stop AF

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment and Response to Final Office Action in the above-referenced application.

The fee has been calculated as shown below.

	(Col. 1) Claims Remaining After Amendment	(Col. 2) Minus	(Col. 3) Highest Previously Paid for	(Col. 4) Present Extra	SMALL ENTITY RATE	OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE	
TOTAL CLAIMS	19	-	29	0	x 9 =	\$0	x 18 =	\$0
INDEP. CLAIMS	4	-	10	0	x 43 =	\$0	x 86 =	\$0
[] Multiple Dependent Claim Presented and Fee Not Previously Paid								
* If the entry in Col. 1 is less than the entry in Col. 3, type "0" in Col. 4.								
** If the "Highest Number Previously Paid For" in this space is less than 20, type "20" in this space.								
[✓] No additional fee is required.								
[] Our Check No. _____ in the amount of \$ _____ for a _____ is enclosed.								
[✓] Also enclosed is a <u>Return Receipt Postcard</u> .								
[] Please charge the above-calculated fee in the amount of \$ _____ to Deposit Account No. 50-2319, referencing Order No. A-_____.								
[✓] Please charge any additional fees, including extension fees, or credit any overpayment to Deposit Account No. 50-2319, referencing Order No. A-66828-5/RMS/DCF/NHT (469249-114).								

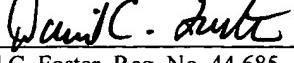
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Respectfully submitted,

DORSEY & WHITNEY LLP

By:


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for Robin M. Silva, Reg. No. 38,304
Attorney for Applicant(s)
Filed under 37 C.F.R. §1.34(a)